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BOROUGH OF WHITEHAVEN



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

1958

AND REPORT OF THE

CHIEF PUBLIC HEALTH INSPECTOR

**BOROUGH OF WHITEHAVEN
HEALTH AND HOUSING COMMITTEE,
1958-59.**

Chairman Councillor J. Walsh.

Vice-Chairman Alderman W. Stephenson.

THE MAYOR (Councillor I. Park).

Members: Aldermen J. Blamire and W. E. Knipe.

Councillors F. Baxter, W. J. Denvir,

G. Hanlon and G. Q. McCartney.

HEALTH DEPARTMENT STAFF

Medical Officer of Health:

J. N. Dobson, M.B., Ch.B., D.P.H.

Chief Public Health Inspector:

A. A. Beldon, C.R.S.I.

Additional Health Inspectors:

P. Eldon, C.R.S.I.

J. F. Lord, C.R.S.I.

*(Temporary appointment
from 29/1/58)*

Pupil Public Health Inspector:

S. B. Williamson

(Appointed 1/9/58)

Clerk: Miss I. Davidson.

Clerk-Typist: Miss G. Banks.

Tel:
Whitehaven 661.

*Health Department,
53, Duke Street,
Whitehaven.*

Mr. Mayor, Councillor Mrs. Colley and Gentlemen,

A health report when satisfactory bears some resemblance to a newspaper on a day when there is "no news." What is meant is that there is no bad news, and so we feel a little cheated. In that sense there is not much news in this report either, though a perusal of the report of the Chief Public Health Inspector will show that a considerable amount of indispensable sanitary work is being done all the time. It is impossible to evaluate the effect of slum clearance in terms of better physical and mental health, nevertheless I am sure this is the most beneficial work undertaken by your Health and Housing Committee and a tribute also to the work of Mr. Beldon. The task calls for skill and tact, patience and persistence, if it is to be carried out successfully.

The favourable statistics reported last year have continued, except for a rise in infant mortality which is thought to be a fluctuation within the rather wide limits to be expected in a small town. Of more significance is the continued decline in the number of new cases, and deaths from, tuberculosis. Never in the history of Whitehaven have we had better reason to be optimistic about the control of the disease and its eventual elimination. Other infections were equally in decline and the half-expected recurrence of an influenza epidemic fortunately did not take place.

Medical Officers' reports frequently stress deaths from tuberculosis, infections and road accidents, not least because they are substantially preventable deaths. Though we cannot lean too heavily on the small figures involved, it is a sobering thought that deaths from lung cancer, substantially a preventable disease, exceeded deaths from those three causes added together. Yet the consumption of tobacco is known to be increasing. One cannot recall a parallel in the history of medicine where the cause of a lethal disease was known and no definitive action taken to stay it. There is no sign of the slow toils of health education making the slightest impact on the outstanding health problem of the day.

A matter of purely local concern is the production of sulphuric acid which continued to engage attention during the year. Although essentially the responsibility of the Ministry of Housing and Local Government, a close liaison has been maintained with the firm and the Ministry's officers. Following a series of measures to reduce acid fume emission it was agreed, at a joint meeting in June of the Health Committee with the Deputy Chief Alkali Inspector and representatives of the firm, that the nuisance had been reduced to a tolerable level. Unfortunately a slow and inexplicable deterioration set in in November and continued despite the efforts of the firm to find a remedy. Research into the whole problem of acid mist disposal was re-activated in consequence, and is being prosecuted, as it must be, with the utmost urgency.

Caravans, with their attendant problems, have never been encouraged in the town but, in recognition of a need, a site for thirty caravans was established on the Council's land. This has been developed on lines advocated by the Chief Public Health Inspector, is carefully controlled and is a successful addition to the amenities of the town.

At the beginning of the year Mr. J. F. Lord, formerly Chief Sanitary Inspector, re-joined the long-depleted staff on a temporary basis. This appointment was particularly welcome since, owing to staff illness, Mr. Beldon was quite without assistance for some months. To him and other members of the Health Department staff are due my thanks for their unfailing good services.

I am, Mr. Mayor, Mrs. Colley and Gentlemen,

Your obedient Servant,

J. N. DOBSON,

Medical Officer of Health.

Section A. STATISTICAL SUMMARY

General Statistics :

Area of Borough in acres	...	...	...	4,315
Registrar-General's estimate of resident population (mid-year, 1958)	...	...	...	26,150
Persons per acre	...	...	...	6.06
Number of inhabited houses (end of 1958) according to Rate Books	...	...	...	7,504
Rateable Value	...	...	...	£247,899
Product of a Penny Rate	...	...	...	£962

VITAL STATISTICS

Births :

(a) Live Births		Males	Females	Total
Legitimate	...	248	254	502
Illegitimate	...	10	14	24
		<hr/>	<hr/>	<hr/>
Total	...	258	268	526

Crude Birth Rate per 1,000 of population ... 20.1

Adjusted Birth Rate ... 19.3

(b) Still births		Males	Females	Total
Legitimate	...	7	5	12
Illegitimate	...	1	1	2
		<hr/>	<hr/>	<hr/>
Total		8	6	14

Still Birth Rate (per 1,000 total births) ... 25.9

Deaths :

		Males	Females	Total
Deaths (all ages)	...	171	135	306
Crude Death Rate per 1,000 of population				11.7
Adjusted Death Rate per 1,000 of population				13.8
Deaths from Pregnancy, Childbirth and Abortion	...	...	...	1

Death Rate of Infants Under 1 Year of Age :

All Infants per 1,000 live births	...	...	43.7
Legitimate Infants per 1,000 legitimate live births	...	...	43.8
Illegitimate Infants per 1,000 illegitimate live births	...	...	41.6

The following table is given for comparison of certain vital statistics.

TABLE 1.
Comparative Statistics.

				Birth Rate	Death Rate	Infant Mortality Rate
Whitehaven Borough	...	...	...	20.1	11.7	43.7
Cumberland (Administrative County)	...	...	...	17.6	12.1	28.2
England and Wales	...	...	...	16.4	11.7	22.5

The figures in Table 1, which are crude rates, show that Whitehaven had a higher birth rate than the County of Cumberland and a considerably higher infant death rate.

Corrected birth rates are shown in Table 2. Once again Whitehaven's birth rate is some 25% higher than the national rate. A high birth rate is often linked with prosperity and the town is undeniably prosperous at present. That there is probably no relationship however is shown by the fact that the present birth rate is almost identical with the average for the years of the depression.

TABLE 2.
Birth Rates.

Year	Number of Births		Birth Rate per 1 000 of population :	
			Whitehaven	England & Wales
1954	...	513	20.3	15.2
1955	...	511	20.2	15.0
1956	...	534	19.9	15.6
1957	...	563	20.8	16.1
1958	...	526	20.1	16.4

Table 3 shows death rates over the past five years.

TABLE 3.
Death Rates.

Year	Number of Deaths		Death Rate per 1,000 of population :	
			Whitehaven	England & Wales
1954	...	249	11.4	11.3
1955	...	307	13.9	11.7
1956	...	314	14.0	11.7
1957	...	295	13.4	11.5
1958	...	306	13.8	11.7

The general death rate in recent years has shown little change. Although somewhat higher than that for England and Wales it is more than offset by natural increase, i.e. excess of births over deaths. Natural increase expressed as a percentage of population was nearly twice as great in Whitehaven as in the rest of the country—0.84% as compared with 0.47%.

Other than in infant and cancer mortality, which are referred to later, there were no notable changes in the pattern of causes of death. There were slightly fewer deaths due to accidents, and none due to influenza. Two deaths occurred from tuberculosis but no other deaths were ascribed to the common infectious diseases.

There was one maternal death, due to miscarriage. No maternal mortality rate is given for the Borough but it is noted that the maternal mortality rate for England and Wales in 1958 was 0.43 deaths per 1,000 total live and still births.

Infant mortality rates are given in Table 4, and causes of death in Table 5.

TABLE 4.
Infant Death Rate.

Year	Number of Infant Deaths	Death rate per 1,000 live births :	
		Whitehaven	England & Wales
1954	10	20	26
1955	15	29	25
1956	20	37	24
1957	15	28	23
1958	23	44	23

The 1958 infant mortality rate shows an unwelcome leap and is the highest recorded for ten years. To say simply that it is about twice that of England and Wales would give a very wrong impression however. It is now recognised that the factors causing death in the first week of life are much the same as those causing stillbirths; the causes of these two groups of deaths, which together constitute perinatal mortality, are responsible for the main loss of infant life. The peri-natal mortality rate, which is more informative than the infant mortality rate, is actually little increased over the previous year.

Frequently little or nothing can be done to rescue the victims of congenital malformation and, in round terms, a quarter of all infant deaths in Whitehaven in 1958 were due to this cause.

Eight deaths, about a third of the total, were the result of prematurity and formed the bulk of the "early neonatal" deaths, i.e. those occurring in the first week of life. All these occurred following births in hospital, none following home confinements. This is one result of careful selection of expectant mothers for available hospital beds so that confinement in hospital is always arranged in cases of anticipated difficulty. During the year the obstetric beds were increased from 14 to 17 at Whitehaven Hospital and 25 to 39 at Workington Infirmary. Both hospitals serve Whitehaven as a result of the alternating admission scheme, and the additions to the numbers of beds available mark a considerable improvement.

Two cases of asphyxia are recorded. In one case a baby with cerebral haemorrhage inhaled stomach contents within a few hours of birth, in the other death was due to want of attention at birth. In this case the baby was illegitimate. The mother went into labour unattended and had no assistance till after the infant was discovered to be dead.

It is felt that the unusually high infant mortality is the result of a series of mischances rather than any inadequacy in the services available in the area.

TABLE 5.
Deaths of Infants Under 1 Year of Age.

Cause of Death	Age in Weeks				Age in Months				Totals
	0—	1—	2—	3—	1—	3—	6—	9—	
Prematurity	8	—	—	1	—	—	—	—	9
Congenital malformations	1	1	1	—	1	2	—	—	6
Bronchopneumonia	1	—	—	—	1	1	—	—	3
Intracranial hæmorrhage	1	—	—	—	—	—	—	—	1
Asphyxia	2	—	—	—	—	—	—	—	2
Intestinal obstruction	1	—	—	—	—	—	—	—	1
Gastro-enteritis	—	—	—	1	—	—	—	—	1
Total deaths	Under 1 month				Over 1 month				23
	18				5				

Cancer Mortality.

There were 40 deaths from cancer, the primary sites of the disease being shown in Table 6, while in Table 7 are given death rates for the Borough and England and Wales

TABLE 6.
Deaths from Cancer

Location of Disease			Male	Female	Total
Brain	...	...	1	—	1
Palate	...	...	2	—	2
Larynx	...	...	1	—	1
Oesophagus	...	...	—	2	2
Stomach	...	...	1	4	5
Colon	...	...	—	4	4
Rectum	...	...	4	1	5
Lung and Bronchus	...	...	10	—	10
Uterus	...	...	—	2	2
Ovary	...	...	—	3	3
Bladder	...	...	—	1	1
Prostate	...	...	1	—	1
Other sites	...	...	3	—	3
			23	17	40

The principal causes call for no comment except in the case of cancer of the lung and bronchus which accounted for a quarter of the cancer deaths. Unfortunately figures for this cause extend back only to 1948 in the department and it is too soon to say conclusively whether Whitehaven is experiencing the national increase in lung cancer. There have been 60 deaths from it in the past eleven years however, of which 40 have taken place in the past five years, 20 in the six previous to that. The figures are at least suggestive and an ominous portent for the future. Till all the factors productive of cancer of the lung are known we should at least act on what we already know. By discouraging school-children from smoking and educating them in its dangers, and curbing our own smoking, we can start to reverse the trend which spells disaster ahead and the loss of the breadwinner in many a young family.

Fortunately we can still point to a **total** cancer mortality which compares very favourably with that for England and Wales.

TABLE 7.
Cancer Death Rates.

Year	Number of Deaths		Annual Death Rate per 1,000 of population :	
			Whitehaven	England & Wales
1954	...	34	1.35	2.04
1955	...	49	1.94	2.06
1956	...	49	1.90	2.07
1957	...	39	1.50	2.09
1958	...	40	1.53	2.12

TABLE 8.

CAUSES OF DEATH DURING THE YEAR 1958

Registrar-General's Classification

	Males	Females
Tuberculosis of Respiratory System ...	1	1
Other Tuberculous Diseases ...	—	—
Syphilitic Disease ...	1	—
Diphtheria ...	—	—
Whooping Cough ...	—	—
Meningococcal infections ...	—	—
Acute Poliomyelitis ...	—	—
Measles ...	—	—
Other Infective and Parasitic Diseases	—	2
Malignant Neoplasm, Stomach ...	1	4
Malignant Neoplasm, Lung and Bronchus	10	—
Malignant Neoplasm, Breast ...	—	—
Malignant Neoplasm, Uterus ...	—	2
Other Malignant & Lymphatic Neoplasms	12	11
Leukaemia, Aleukaemia ...	—	1
Diabetes ...	—	2
Vascular Lesions of Nervous System	22	24
Coronary Disease, Angina ...	34	12
Hypertension with Heart Disease ...	4	5
Other Heart Disease ...	15	17
Other Circulatory Disease ...	4	7
Influenza ...	—	—
Pneumonia ...	6	2
Bronchitis ...	8	3
Other Diseases of Respiratory System	4	2
Ulcer of Stomach and Duodenum ...	3	—
Gastritis, Enteritis and Diarrhoea ...	1	—
Nephritis and Nephrosis ...	1	1
Hyperplasia of Prostate ...	1	—
Pregnancy, Childbirth, Abortion ...	—	1
Congenital Malformations ...	4	4
Other Defined and Ill-defined Diseases	30	27
Motor Vehicle Accidents ...	3	2
All other Accidents ...	5	5
Suicide ...	1	—
Homicide and Operations of War ...	—	—
Total (all Causes) ...	171	135

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Section B.

GENERAL PROVISION OF HEALTH SERVICES

(a) Staff.

Changes in staff are shown on page 1 of this report.

(b) Laboratory Facilities.

Full use is made of the bacteriological facilities at Whitehaven Hospital under the direction of Dr. A. C. F. Ogilvie, and of the Public Health Laboratory Service at the Cumberland Infirmary directed by Dr. D. G. Davies. Analytical services are provided by Messrs. Ruddock and Sherratt, Public Analysts, Warrington.

(c) Local Health Authority Services.

Medical services provided under Part III of the National Health Service Act are the responsibility of the Cumberland County Council. Information about the provision of Home Nursing, Home Helps, Immunisation and other services is available at the office of the Senior Assistant County Medical Officer, 102, Scotch Street, Whitehaven.

Clinics are held as follows :—

Location :

Type of Clinic		Sandhills Lane	Mirehouse	Woodhouse
School Clinic	...	Wed. 10-11 a.m.	Wed. 2-3 p.m.	Wed. 9-10 a.m.
Child Welfare	...	Tue. 2-4 p.m.	Wed. 2-4 p.m.	Wed. 2-4 p.m.
Ante-Natal	...	Fri. 2-4 p.m.	Thur. 2-4 p.m.	Mon. 2-4 p.m.
Dental	...	Daily 9-30 a.m.	—	—

Special clinics (Ophthalmic, Ear, Nose and Throat, Orthopaedic) are held at Sandhills Lane Clinic by appointment. Appointments are also made for Speech Therapy at Sandhills Lane and Mirehouse Clinics, Child Guidance at 10, Scotch Street, Whitehaven, and Orthoptic treatment at Whitehaven Hospital.

In addition to the provision of clinics and routine medical inspection the School Health Service now tests the hearing of all children on admission to school. The County Council employs a teacher of the deaf as well as the necessary audiometricians.

The Occupation Centre, Flatt Walks, has 40 places for mentally backward children.

(d) Hospital Services.

Facilities provided by the Regional Hospital Board include Whitehaven Hospital, Flatt Walks : 122 beds. General hospital services. General practitioners have X-ray facilities directly available.

Homewood Annexe has 41 beds for tuberculosis and diseases of the chest.

The Hollins, Hensingham: 31 beds. Pre-convalescent and chronic sick, with a small number of ante-natal beds.

Galemire, Cleator Moor: Infectious diseases hospital with 24 beds, some of which are available for medical cases.

The Chest Clinic serving the area is in St. Bridget's Lane, Egremont.

Part III hospital accommodation is available in Meadow View House, Whitehaven (31 beds) by joint user agreement with Cumberland County Council.

(e) National Assistance Acts.

There were few complaints during the year of persons being in need of care and attention and living in insanitary circumstances. It proved possible in every case to alleviate the conditions brought to notice without resorting to legal procedure.

(f) Problem Families.

The arrangements for dealing with problem families were detailed in the previous year's report, and these continued unaltered in 1958. Meetings of the Children Neglected in their Own Homes Committee were held in January and June, only five families continuing under Committee supervision.

These of course represent but a hard core of near-insuperable problems and do not indicate the number of households where there is neglect or ill-treatment of children in one form or another. The majority of remedial work is carried out every year by local authority staff and voluntary agencies without ever coming to the notice of the Committee.

A point of interest is that none of the five families was destitute, while bad housing was not a primary cause of trouble. All of the families considered were or had been the tenants of a modern-type Council house, and any housing difficulty encountered was the result of their own making.

Section C.

SANITARY CIRCUMSTANCES OF THE AREA.

A report by the Chief Public Health Inspector on the work of the year has been submitted and will be found at the end of this report.

Water Supply.

A problem deserving of special mention arose in connection with the water supply. Whitehaven with its generous supply of water from Ennerdale Lake and modern treatment plant has no cause to fear shortage of water or question its purity. Nevertheless there were many complaints of objectionable taste which were diligently investigated by the Surveyor and Engineer's Department, though some credited the water with qualities that sounded unlikely to say the least. No case of teeth falling out or turning black from the action of the water was verified.

The essential complaint was of a "chemist's shop" taste which, it can hardly be doubted, was due to chlorophenols. The origin of these was never confirmed though they were believed to arise from the plankton in the lake in some way. Certainly the taste was found as a rule just after a period of stormy weather, when larger than normal quantities of organic matter entered the intake pipe from the lake. Another possibility would be deviation of chlorine by this matter, reducing the free chlorine to minimal levels; such small amounts may attack anti-corrosive linings of water mains with the production of chlorophenol. The pipe-linings were absolved on investigation but the bituminous jointings, another potential source of chlorophenols, were not.

Micro-straining of water at the intake was a solution proposed by the consultant engineers. The effect of this was speculative, the cost prohibitive. The Borough Engineer recommended instead a trial of super-chlorination followed by neutralisation of excess chlorine by ammoniation. The ammoniator was installed in June, 1958, from which time the complaints ceased.

Housing.

The Borough Surveyor supplies the following details of houses built during the year or in course of construction :—

TABLE 9.
Housing Construction.

	Completed.	Under Construction
(a) Corporation Houses.		
Type :		
3 Bedroom (Valley 17) ...	34	56
2 Bedroom (Valley 17) ...	8	42
Old Persons' Bungalows,		
2 Bedroom (Bransty) ...	10	—
Flats		
2 Bedroom (George St.) ...	—	30
Total :	52	128
(b) Private Houses ...	26	15

Section D.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

Notifications, other than those of tuberculosis, are shown in Table 10.

TABLE 10.
Infectious Disease Notifications.

Disease	No. of cases notified	Admitted to Hospital	Died
Scarlet Fever	25	—	—
Whooping Cough	—	—	—
Measles	267	—	—
Acute Pneumonia	10	—	—
Erysipelas	1	—	—
Poliomyelitis, paralytic	1	1	—
Poliomyelitis, non-paralytic	1	1	—

The previous report stated that there had been very little notifiable infectious disease. It is still true that there is little infectious disease, but it might be more precisely phrased by saying that very little notifiable infectious disease was notified. It is scarcely to be credited that not a single case of whooping cough, dysentery or food poisoning occurred. Nevertheless the overall picture is very satisfactory and during the year the infectious diseases beds at Galemire Hospital were in virtual disuse. Other than the poliomyelitis cases there was admitted from Whitehaven only one case of infectious disease, namely chicken pox.

Unnotified because the diagnosis was established post mortem was encephalitis of doubtful aetiology, while another death due to infection, this time non-notifiable, resulted from acute viral hepatitis. Both these deaths occurred to young women.

Under-notification has been implied. This is mainly due to obsolescence of notification law which requires notification of certain diseases no longer of epidemiological significance, while at the same time there is no need to notify conditions the existence and incidence of which are of community importance.

Revisions have been proposed and new legislation is long overdue.

TUBERCULOSIS

Notifications in 1958 were received as follows :—

TABLE 11.

Tuberculosis Notification.

		Respiratory	Non-Respiratory	Total
Male	...	9	—	9
Female	...	8	1	9
		—	—	—
Total	...	17	1	18
		—	—	—

The incidence of respiratory cases in main age divisions is shown in Table 12.

TABLE 12.

Age incidence of Pulmonary Tuberculosis

Age in years		0—	15—	35—	55—	Total
Male	...	2	3	3	1	9
Female	...	—	4	4	—	8
Total	...	2	7	7	1	17

Total notifications numbering 18, were fewer than ever previously recorded in the Borough. This applies equally to pulmonary and non-pulmonary tuberculosis and is a real landmark in the local history of this condition. The signs are that non-pulmonary disease is disappearing, a considerable advance in view of the fact that bone and joint tuberculosis were frequently common enough to cause a quarter or more of all notifications in Whitehaven.

The principal reduction in respiratory cases over the previous year occurred in the over-thirty fives and, as shown in Table 12, there was only one case over 55.

TABLE 13.
Deaths from Tuberculosis (Rates per million).

Year	Respiratory Tuberculosis Whitehaven				All forms of Tuberculosis Whitehaven		
	No. of Deaths	Death Rate	Death Rate		No. of Deaths	Death Rate	Death Rate
1954	4	160	160	...	4	160	180
1955	2	80	130	...	2	80	150
1956	2	78	110	...	2	78	120
1957	2	77	95	...	3	110	110
1958	2	76	89	...	2	76	100

The grip of tuberculosis on Whitehaven is emphasized repeatedly in previous annual reports. For year after year my predecessor had to report that the mortality from this condition was 50%, or more, greater than that of England and Wales. This unwelcome distinction has been steadily disappearing and Table 13 shows that for five years now Whitehaven's death rate has never exceeded that for the whole country

While mortality over the years gives a reliable indication of the tuberculosis situation, a more up-to-date picture is obtained by the comparison of new case rates. From Table 14 it is seen that the new case rate in 1958 was little different from the national figure. Based on a relatively small population the local case rate may show variations in future it is true, nevertheless the new record low figure is not a freak and the Borough is for once on level terms with the whole country instead of having two to three times the national incidence of tuberculosis.

TABLE 14.
Tuberculosis Incidence

	Whitehaven (Pop'n 26,150)				England & Wales (Pop'n 45,109,000)	
	New Cases	Case Rate per 100,000			New Cases	Case Rate per 100,000
Respiratory ...	17	65	...		26,576	59
Non-Respiratory	1	4	...		3,741	8

In the changed circumstances of to-day it is more than ever difficult to assess the influence of re-housing tuberculous cases on the health of the community. For that matter, it is not invariably in the interest of the patient to re-house him. From time to time, cases are recommended after consultation with the Chest Physician and full investigation of the home circumstances. This duty is not undertaken lightly and many cases brought to notice are not recommended for re-housing.

During 1958 the Council allocated 111 tenancies, exclusive of half a dozen key-workers' houses and, of these, 75 were on account of overcrowding or re-housing from unfit dwellings. Of the remaining 36, four went to cases of tuberculosis. Bearing in mind the smaller numbers of new cases of the disease, and that the majority are adequately housed at the time of diagnosis, the number of houses so distributed seems very fair.

Mass X-Ray.

The 1958 addition to Table 15 records the least useful year to date, so far as routine survey work in Whitehaven is concerned.

TABLE 15.
Mass X-Ray Statistics.

Year	1952	1953	1954	1955	1956	1957	1958	Total
Number X-rayed	3,513	3,352	3,396	3,961	3,974	2,900	1,500	22 396
New active cases discovered by X-ray	11	13	10	18	10	2	1	65
Notifications during year	23	44	28	37	41	28	17	218

The discovery of one active case among fifteen hundred persons X-rayed is not a very profitable undertaking. Up to 1956 Mass X-ray discovered relatively large numbers of cases; the current need for a more selective approach was emphasized last year, and its successful application requires the continued assistance of family doctors.

The most beneficial method of employing the Mass X-ray Unit is under constant review by its Director. It so happens that the numbers of other conditions, such as cancer and cardiac abnormalities, found on Mass X-ray in West Cumberland is smaller than those found in East Cumberland. We can hardly expect the Unit to be deployed extensively in the District if attendances are poor and the results disappointing. If people who have had the reassurance of a satisfactory chest X-ray do not continue to attend in future we cannot be surprised if the service is reduced or withdrawn.

VACCINATION AND IMMUNISATION

B.C.G. Vaccination.

The year's work is summarised in the addition to the table given below.

TABLE 16.

B.C.G. Vaccination.

Year	No. of children eligible for test	No. & %age of parents consenting	No. tested	No. & %age Mantoux positive	No. Mantoux negative	No. given B.C.G.
1955	... 454	371 (82%)	362	124 (34%)	238	231
1956	... 434	324 (75%)	315	149 (47%)	166	160
1957	... 446	332 (75%)	325	111 (34%)	214	212
1958	... 547	409 (75%)	382	129 (34%)	253	251

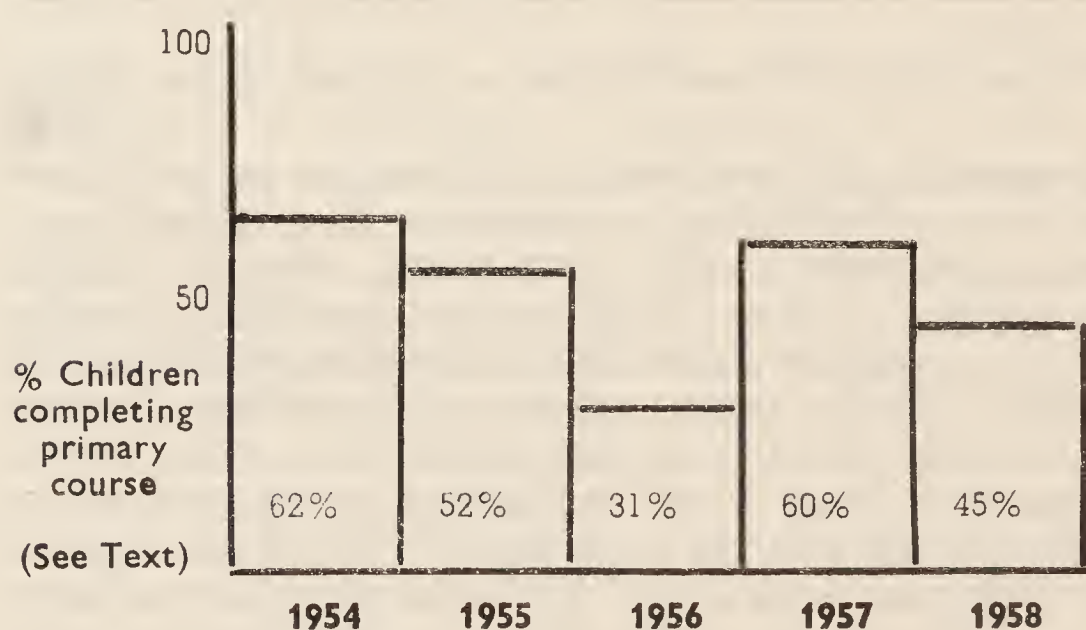
Protection of schoolchildren of thirteen years of age who had so far developed no resistance to tuberculosis commenced in Whitehaven in 1955 and the pattern of response is now beginning to emerge. The percentage of parents consenting to skin testing and, where necessary, immunisation of their children has remained constant and it is a puzzle to know why only three out of four are agreeable. Unlike some immunising procedures, here we have a direct and informative approach to every parent. Unlike others, there is well-publicised recent research on a national scale proving the efficacy of B.C.G. as a means of protecting schoolchildren over a substantial number of years. Unlike others again, there are few families in the area who have not known tuberculosis in their midst, in a relative or in a friend, and who do not know the distress tuberculosis can cause.

Furthermore, the injections do not cause a child to feel off colour. It seems all too likely that, in addition to the indifference of some parents, the growing independence of the child plays a part in refusal. If so it will be far from easy to improve the consent rate.

Diphtheria Immunisation.

The figure shows the numbers of children under five who completed a primary course of immunisation during the year, as a percentage of the births in the previous year. The numbers included of children over one year of age are very small, and a fair idea is given of the proportion of infants being immunised each year.

Overall it represents a serious decline in protection of children from the level of 87% achieved in 1953. There is no special difficulty in persuading parents to consent to have their children immunised; the situation merely reflects the immense time and energy devoted to the poliomyelitis immunisation programme at the expense of protection against diphtheria, coupled with the problem for mothers of presenting their infants for a whole series of inoculations. No doubt a balance will be achieved in time between competing demands but meantime the ever-present possibility that a single case of diphtheria would almost certainly lead to a minor outbreak should concern parents who have not had their children protected. Vaccine is always available and immunisation never refused at the Welfare Clinics, provided the child is well.



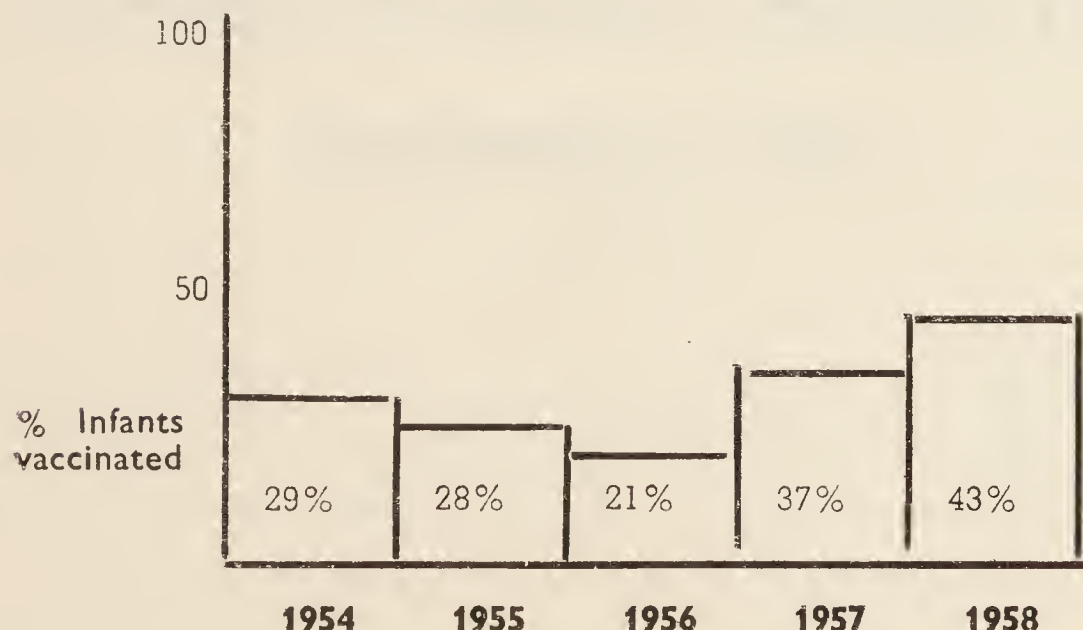
Pertussis Immunisation.

There was little headway with whooping cough immunisation which in Whitehaven was offered in County Clinics for the first full year in 1958. No more than 126, less than a quarter of the babies born in the year, were protected and of these by far the greatest number were

immunised by general practitioners using combined antigen. The present County Council scheme, based on advice given in the Ministry's circular on the subject, necessitates five injections for protection against whooping cough and diphtheria. The hazards from giving five injections, where only three of combined antigen would suffice, may well be as great or greater than the slightly increased risk of provocation poliomyelitis in the latter method. We are in the unhappy position of further reducing the very slight dangers from immunisation by the rather quaint method of not giving it at all in hundreds of cases.

Smallpox Vaccination.

The numbers of children vaccinated in the past five years are shown in the following histogram. This gives the number of children under 1 year of age who were vaccinated as a percentage of the same year's births. Smallpox vaccination is most commonly performed at 3 months and while, as in the case of diphtheria immunisations, the representation cannot be wholly accurate, the aim is to give an indication of the acceptance rate.



It was predicted in the previous report that acceptances for smallpox vaccination would increase following the introduction of vaccination in the County Welfare Clinics. This has proved to be the case, though whether this is cause and effect is a little early to say. Nevertheless it is pleasing to see that the number of vaccinations performed was double that of two years ago.

Poliomyelitis Vaccination.

In the previous report it was stated that vaccine supplies had been poor and by the end of the year only 5.8% of eligible children had been immunised. Towards the end of 1957 the age groups were extended so that the year 1958 saw a much wider field of opportunity. Improved vaccine supplies now made possible a real attack on the huge task of protecting children up to the age of fifteen.

During the year, 1,877 out of 2,591 pre-school children and 3,759 out of 5,150 schoolchildren up to the age of fifteen received two injections, or 72% and 73% respectively. In the course of the year vaccination was extended to the 15-25 year-old group. This accounted for a further 428 persons protected. In addition, 183 expectant mothers were vaccinated and 140 "booster" (third) injections were given.

The number of protective injections given totalled 12,748 and most of these were given by the County Council's medical officers. The work done reflects credit on both medical and nursing staffs, together with those teachers who played a considerable part in carrying out the programme in schools.

**REPORT
OF THE
CHIEF PUBLIC HEALTH
INSPECTOR**

Public Health Department,
53, Duke Street,
WHITEHAVEN.

To the Medical Officer of Health,
WHITEHAVEN.

Sir,

I wish to submit my eighth Annual Report for the year ended 31st December, 1958.

The report is set out as in previous years under the main headings of Housing, Food and Miscellaneous matters that concern Public Health. With regard to housing, it may now be safe to say that the day is not far off when Slum houses, as defined at present, will cease to exist. Progress in this direction continues although perhaps not so rapidly as we would wish. As I have before stated, the closing down of dwellings and the subsequent demolition is bound to create untidy conditions but this state of affairs need only be of short duration if re-development is tackled vigorously.

Food hygiene work has not been given as much attention as we hoped but from the work carried out in this field it was observed that standards have been maintained.

Section A.

HOUSING.

New Buildings.—Fifty-two permanent dwellinghouses were completed by the Corporation during the year and 134 were under construction on 31.12.58.

Displacements.—Forty-six families were displaced from unfit dwellings during the year and all were re-housed in Corporation houses.

Procedure.—No new Clearance Areas were made during the year although three areas were inspected and some preliminary work carried out prior to representation. Thirty-nine unfit dwellinghouses were dealt with under Housing Act 1957 S.16 and a further eighteen were treated informally by arrangement with owners to close. Thus a total of sixty-seven dwellings was dealt with during the year.

Restorations.—Four dwellinghouses previously closed on grounds of unfitness were re-occupied after satisfactory completion of works. In this category mention may be made that a few dwellings each year are purchased and improved by their owner-occupiers (usually young married persons) without any official action being taken. This practice, while commendable in principle, sometimes leads to difficulties but this problem is not large.

Repairs.—No action was taken to enforce the repair of dwellings under Housing Act S.9. and notices were confined to matters of urgency only.

Improvements.—For the first time, grants of money to encourage the provision of improvement, in dwellinghouses in good repair and having a usual life of at least 30 years, were approved by the Corporation.

Twenty-three applications were considered, nineteen were approved and works were carried out in eight cases by the end of the year. Most of these cases involved modern type dwellings without bathrooms or hot water services. So far, the scheme has given satisfaction to the persons receiving the grants but the procedure before actual works can be commenced is complicated.

Re-Development.—Demolition of vacant and unfit dwellings has continued, and in the George Street Area further re-development has proceeded by the preparation for the erection of more blocks of flats.

Overcrowding.—Four cases of overcrowding were noted. This figure is indicative of the small number of cases which must exist in the Borough.

Rent Act, 1957.—This Act, which came into operation in July, 1957, has not proved in practice to be a major cause of upheaval in housing matters. During the year only six applications for Certificates of Disrepair were received and three Certificates were issued. There is reason to believe that comparatively few landlords have taken the opportunity to raise rents as the resultant demand by the tenant to have repairs executed can be unrewarding to the owners.

Caravans.—I have placed this item under Housing because so far as Whitehaven is concerned, residential caravans form the only group with which we have had to deal. With the exception of seasonal occupation by Chartered Fair employees, holiday and travellers' caravans do not appear.

In the last three years, owing to a reduction in the number of dwellinghouses built each year some young married persons (whose chances of obtaining a house tenancy are remote) have elected to live in caravans. To meet this need the Corporation decided to open a suitable site and this was done on land adjoining existing pre-fabricated dwellings in the Woodhouse area.

Ash roads were provided, plots fenced off, W.C.'s and wash places erected. By the end of the year thirty caravans of the modern trailer type were in position and a small rent was charged to cover cost of works. In twenty cases waste water pipes were installed discharging into the existing sewer.

No licences for caravans or for land were issued by the Corporation to any person. The siting of isolated vans has been discouraged and the position is satisfactory.

Section B.

FOOD.

I. Food premises in the district number 241.

II(α). Premises registered under Food and Drugs Act.

Ice Cream	...	...	...	...	73
Potted, pickled, preserved food (meat products, fish, cakes etc.)				...	19
Fried fish shops		...	...	...	15

II(b). Dairies and Milk supply.

There are seventeen distributors of milk in the Borough and eight premises were in use as dairies. Two persons sold milk from shops. Sterilized Milk is sold by one vendor.

Close supervision was maintained and the standard generally high. No trouble was experienced and distributors were all co-operative.

No change can be reported in delivery methods. Sampling carried on during the year to check cleanliness resulted in the following :—

Tuberculin Tested	4 Satisfactory. 2 Unsatisfactory.
Pasteurised	2 Satisfactory. 2 Unsatisfactory.
Ungraded	4 Satisfactory. 2 Unsatisfactory.

III. Food establishments were inspected where possible and as opportunity arose, no organised inspection being practicable. Standards were maintained and some occupiers have done much to advance hygienic handling and storage of food by the installation of conservators in butchers and grocers' shops. This is a step forward which is to be encouraged.

Talks on hygienic food handling were given to staffs of some establishments.

Three hundred and twenty visits were paid to food premises during the year.

IV. Education Activity.

Once again no organised public displays or lectures were given on food hygiene during the year; opportunities were taken to encourage sound practices when visiting premises and it was observed that traders are alive to the importance of clean displays and attractive premises.

V. Disposal of Condemned Foodsuffs.

Articles of food condemned as unfit for human consumption from shops and stores are disposed of by deep burying in the Corporation refuse tip. Slaughterhouse products are collected several times weekly and treated by a reputable firm for industrial uses. No problems arose in this field.

VI. No large stocks of food had to be inspected specially during the year.

VII. Ice Cream Heat Treatment Regulations 1947—52.

Seventy-three premises are registered for the sale of Ice cream. There are seven premises registered for the manufacture of Ice cream. Four manufacturers use a hot mix method and three use cold mix. Inspections were made at frequent intervals and a high standard is maintained, manufacturers being very anxious to co-operate in order to achieve high grading results.

Sampling gave the following results :—

Grade I.	13	}	Satisfactory.
Grade II.	4		
Grade III.	2	}	Unsatisfactory.
Grade IV.	1		

The unsatisfactory samples attained Grade I. on repeat sampling.

VIII. Food Hygiene Regulations 1955

These Regulations have proved very useful in furthering the cause of improved hygiene in the handling of food and in effecting improved conditions in food premises. While no systematic inspection could be carried out, every effort was made to explain the scope of the Regulations to food traders and it was observed that the hygienic aspect of food trading is appreciated by traders, staffs and the public generally. No prosecutions were necessary during the year to enforce any part of the Regulations.

Slaughterhouses and Meat Inspection.

There are two licensed slaughterhouses in the district, one is used solely by the owner/occupier and has a very high standard of hygiene: the other, also conducted on sound lines is a large slaughterhouse used by an important wholesale company as well as private slaughterers. These latter premises have had small improvements made during the year, but the provision of a large chilled room and a large freezing room carried out by the owners has proved an important step forward and considerable benefit to the trade. Carcases and offals can now be stored, free from dust and flies, in the finest conditions and drawn upon as required.

All animals slaughtered in the two establishments were inspected and no carcase or offal passed to the public without inspection. This duty necessitates one full time Meat Inspector and as slaughtering takes place each day including Sundays long hours are sometimes unavoidable. It is hoped that Sunday slaughtering can be dispensed with now that the refrigerated space is available and, except in emergency, there is no reason why the practice should continue.

An important observation I should like to make is the very marked decrease in Tuberculosis now found in the slaughterhouse compared with former years and the much reduced total weight of condemnations.

The following table shows the number of animals slaughtered and the condemnations during the year.

CARCASES INSPECTED AND CONDEMNED

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	3757	3153	267	16,267	6,822	—
Number inspected	3757	3153	267	16,267	6 822	—
All Diseases except Tuberculosis and Cysticerci						
Whole carcasses condemned	3	4	20	18	11	—
Carcasses of which some part or organ was condemned		863	—	52	35	—
Percentage of the number in- spected affected with dis- ease other than Tubercul- osis and Cysticerci ...		12.59	7.49	0.43	0.67	—
Tuberculosis only						
Whole carcasses condemned	1	6	—	—	3	—
Carcasses of which some part or organ was condemned		102	—	—	25	—
Percentage of the number in- spected affected with Tuber- culosis		1.59	—	—	41	—
Cysticercosis						
Carcasses of which some part or organ was condemned	—	—	—	—	—	—
Carcasses submitted to treat- ment by refrigeration ...	—	—	—	—	—	—
Generalised and totally con- demned	—	—	—	—	—	—

Total Weight of Meat Condemned, 15 tons, 1 cwt., 43 lbs.

Other Articles of Food Surrendered.

Tinned Meats	...	...	...	1,663 lbs.
Tinned Fruit	...	...	...	517 "
Tinned Vegetables	...	...	...	252 "
Tinned Milk	...	...	...	109 "
Tinned Fish	...	...	...	41 "
Tinned Soups	...	...	...	11 "
Ham	...	...	...	563 "
Fish	...	...	...	78 "
Cheese	...	...	...	28 "
Ducks	...	...	...	48 "
Fish Cakes	...	...	...	30 "
Jam	...	...	...	4 "
Geese	...	...	...	50 "
Flour	...	...	...	106 "
Sausages	...	...	...	167 "
Potatoes	...	...	...	2,072 "
Pork	...	...	...	5 "
Puddings	...	...	...	3 "
Total				5,747 "

WATER.

The entire supply for the district is taken from Ennerdale Lake, the daily amount of treated water being approximately 5,550,000 gallons. Sampling is carried out regularly for bacterial and chemical analysis by this department. (See Appendix).

Section C.

MISCELLANEOUS

I. Factory Act, 1938.

Inspection of factories was carried out during the year and the following tables are shown for information.

FACTORIES AND WORKSHOPS.

I. Inspection of Factories, Workshops and Workplaces.

Premises			No. on Register	Inspection	Number of	
					Written Notices	Prosecutions
(1) Factories without mechanical power	...	...	12	38	—	—
(2) Factories with mechanical power	...	...	92	60	3	—
(3) Other premises	...	...	3	2	—	—
Total	...	...	107	100	3	—

II. Defects found in Factories, Workshops and Workplaces.

		Number of cases in which Defects were found				
			Referred to H.M. by H.M.			
Particulars	Found	Reme- died	In- specter	In- specter	Prose- cutions	
Want of Cleanliness ...	7	7	—	—	—	
Overcrowding ...	—	—	—	—	—	
Unreasonable temperature	—	—	—	—	—	
Inadequate Ventilation	—	—	—	—	—	
Ineffective drainage of floors ...	—	—	—	—	—	
Sanitary Conveniences :						
(a) Insufficient ...	—	—	—	—	—	
(b) Unsuitable or defective ...	2	2	—	2	—	
(c) Not separate for sexes ...	—	—	—	—	—	
Other offences ...	—	—	—	—	—	
Total ...	9	9	—	2	—	

II. Rag Flock Act.

There are two premises licensed under this Act, one being a factory engaged in the processing of animal hair for filling materials, the other being a store for the material.

The factory is a modern establishment and a high standard of cleanliness is maintained.

III. Pet Animals Act.

Three shops hold annual licences for the sale of pets. The premises are visited from time to time and conditions were satisfactory.

IV. Offensive Trades.

Three premises are registered as Offensive Trades, a rag and bone dealer, a tripe and gut preparer and a fat melter. No nuisance arose during the year and conditions were satisfactory.

V. Rodent Control.

This problem, which is always with us, is happily of small proportions, no major infestation being discovered. Most cases involved complaint of a very minor nature in dwellinghouses and business premises. Treatment was provided and in the case of business premises a small charge is levied. Tips and sewers vested in the Local Authority are treated regularly.

VI. Smoke Abatement and Atmospheric Pollution.

The coming into operation of the Clean Air Act has been a great advance in this important aspect of Public Health and the wide publicity given to this subject did much to stimulate interest.

Many practical difficulties exist to be overcome in the smokeless combustion of solid fuels in existing plants, but progress is being made in this direction and a considerable improvement has already taken place. Fortunately the number of establishments burning raw coal is small in the district and the problem is not large compared with many industrial districts of comparable size.

Domestic smoke is still a problem and it is difficult to see how this aspect of pollution is to be overcome in a coal mining district where much concessionary coal is issued. With the dilution of houses the concentration of pollutions is higher and the total amount is probably less than last year. Nevertheless domestic smoke is responsible for the greater part of the existing pollution and this is very noticeable in certain weather conditions due to the concentration of houses in a valley.

In addition to smoke pollution the emissions from a chemical plant sited on the weather side of the town still gives rise to trouble from time to time. Negotiations took place frequently during the year with the firm concerned and while no improvement can be reported, every effort is being made by the firm to surmount this highly difficult task of reducing emissions.

VII. Collection and Disposal of Refuse.

This service is carried out by the Borough Surveyor's Department. All trade and household refuse is tipped in a large disused quarry on the outskirts of the town.

VIII. Disinfections and Verminous Premises.

Four premises were fumigated during the year after infectious disease.

Infestations of bed bug were very few, amounting to three known cases which were treated with suitable insecticides. Complaints of other household pest viz: cockroaches, ants, beetles and flies were received. Materials and advice were given in these cases and assistance in disinfection was given where necessary.

I am,

Yours faithfully,

A. A. BELDON,
Chief Public Health Inspector.

APPENDIX

WATER ANALYSIS

Date	Before or after Chlorination	Number of		Presumptive B. Coli Test at 37° C. after 72 hours	Clostridium Welchii Test at 44° C. in 40 ml. after 48 hours.	Remarks.
		Colonies on Nutrient Agar after 72 hours at 37° C.	Colonies on Nutrient Agar after 72 hours at 20/22° C.			
17-2-58	After	1 in 2 ml.	1 in 2 ml.	Negative in 100 ml.	Negative	Of good and wholesome quality.
25-3-58	"	3 in 2 ml.	5 per ml.	"	"	Of good and wholesome quality.
21-4-58	"	0 per ml.	2 per ml.	"	One minute colony	No objection to use for human consumption.
19-5-58	Before	7 per ml.	2542 per ml.	Positive in 20 ml.	Negative	Unsatisfactory.
3-6-58 (1)	"	3 per ml.	1 per ml.	Negative in 100 ml.	"	Of good and wholesome quality.
3-6-58 (2)	"	1 per ml.	1 per ml.	"	"	—do—
3-6-58 (3)	"	1 per ml.	3 in 2 ml.	"	"	—do—

Date	Before or after Chlorination	Number of		Presumptive B. Coli Test at 37° C. after 72 hours	Clostridium Welchii Test at 44° C. in 40 ml. after 48 hours.	Remarks.
		Colonies on Nutrient Agar after 72 hours at 37° C.	Colonies on Nutrient Agar after 72 hours 20/22° C.			
3-6-58 (4)	"	1 per ml.	5 per ml.	Positive in 100 ml. Negative in 90 ml.	"	—do—
3-6-58 (5)	"	1 per ml.	4 per ml.	Negative in 100 ml.	"	—do—
3-6-58 (6)	"	1 per ml.	4 per ml.	"	"	—do—
23-8-58	After	2 per ml.	7 per ml.	"	"	—do—
7-10-58	After	3 per ml.	3 per ml.	Negative in 100 ml.	Negative	Of good and wholesome quality.
3-11-58	Before	2 per ml.	717 per ml.	Positive in 40 ml.	"	Defect can be remedied by efficient chlorination.
3-11-58	"	1 per ml.	94 per ml.	Negative in 100 ml.	"	Advisable to check amount of chlor ination.

County Analyst's Office,
Darlington.

I hereby certify that I have analysed the undermentioned sample of water marked : "Tap at Cartmell's Mineral Water Factory before filtration. Source : Ennerdale Lake via Scraghill Service Reservoir (open). 11-30 a.m. 2-9-58," which I received from Mr. A. A. Beldon, Chief Public Health Inspector, 53, Duke Street, Whitehaven; on the 4th day of September, 1958. and that I find as follows :-

				Parts per 100,000
Nitrogen as nitrites	...	...	...	Trace
Chlorine as Chlorides	...	...	...	1.0500
Nitrogen as Nitrates	...	...	...	0.0000
Ammonia	...	...	...	0.0120
Albuminoid Ammonia	...	...	...	0.0010
Oxygen Absorption	...	...	...	0.0430
Injurious Metals	...	...	...	None
Total Solid Matter dried at 100°C.				4.5000
pH value of sample	...	...	...	6.0
<hr/>				
Carbonate Hardness		0.8000	Degrees	
Non-carbonate Hardness		0.4500	"	
Colour of sample on Hazen Scale			Colourless.	
Appearance of Sample in 2ft tube ..			Slightly turbid, deposit	
Odour when heated to 50°C.			None	
Free Chlorine			None	

Microscopical Examination.

Deposit included diatoms; algae, fragments of aquatic insects other debris characteristic of unfiltered surface water.

Observations.

Judged by the chemical composition the water appears to be subject to some pollution although it is **presumed** that the treatment with chlorine has effectively sterilised it. The deposit in the water consists of debris that is mainly found in unfiltered surface water. Despite the lime treatment that is given, the water is acid and potentially corrosive. It clearly requires controlled lime treatment and adequate sand filtration to turn it into a condition suitable for a public supply.

Signed W. WALLACE.
P.P. CYRIL J. H. STOCK.

GEO. TODD & SON
PRINTERS
WHITEHAVEN